

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/20/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155298</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/18/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>PYRAMID POINT POST-ACUTE REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>8530 TOWNSHIP LINE RD</b> <b>INDIANAPOLIS, IN 46260</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit to the Investigation of IN00148809, and IN00149297 completed on 5/23/14.</p> <p>Complaint IN00148809: corrected</p> <p>Complaint In149297: corrected</p> <p>Survey date : June 18, 2014</p> <p>Facility number: 000195 Provider number : 155298 AIM number : 100267690</p> <p>Survey team : Michelle Hosteter, RN</p> <p>Census bed type: SNF/NF: 68 Total : 68</p> <p>Census payor type: Medicare: 10 Medicaid : 46 Other :12 Total : 68</p> <p>Sample : 5</p> <p>Pyramid Point Post Acute Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit to the Investigation of Complaints IN00148809 and IN00149297.</p> <p>Quality Review was completed by Tammy Alley RN on June 19, 2014.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.